



Notice of Termination Request Boatyard General Permit

I. Permit No. WAG _____

Use this form to request termination of permit coverage

II. FACILITY ADDRESS

III. BILLING ADDRESS

Permittee Name	Permittee Name
Facility Name (if different)	Company Name (if different)
Street Address	Street Address or P.O. Box
City ZIP+4	City ZIP+4
County	
Site Contact (first and last name)	Billing Contact (first and last name)
Phone Number	Phone Number
Email Address	Email Address

IV. JUSTIFICATION FOR TERMINATION

- ☐ All actual and potential discharges of pressure-wash wastewater and stormwater runoff associated with boatyard activity that are authorized by this permit have ceased because the boatyard activity has ceased, and no significant materials, industrial equipment, or potential pollutants remain exposed to stormwater.
- ☐ The party that is responsible for compliance with the permit (signatory to the application) has transferred responsibility for the boatyard in accordance with General Condition 14 (Transfer of Permit Coverage) of the permit.
- ☐ All actual and potential discharges of stormwater runoff associated with boatyard activity have been eliminated because the stormwater runoff has been redirected to a municipal sewerage system that has been delegated authority to issue permits under RCW 90.48.165 and that is in compliance with WAC 173-216-150.

V. CERTIFICATION

"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Responsible Signatory Printed Name	Signature	Date

Instructions for Completing this Notice of Termination Request

- I. Permit Number** Write the permit number in the upper right hand corner of this form.
- II. Facility Address** The facility is where the permitted discharge originates. Include the county. Facilities that do not have a street address must provide a legal description in this space.
- III. Billing Address** Indicate where the final fee invoice should be sent.
This information may or may not be the same as that in Section II.
- IV. Justification** Indicate the reason for terminating the permit by checking the appropriate box(es).
- V. Certification** The responsible signatory should read this statement carefully; print his/her name legibly; and then sign and date this document in the spaces provided.
Refer to General Condition G17 (Signatory Requirements) in the permit.

Federal regulations require this form to be signed by one of the following:

- A. In the case of corporations, by a responsible corporate officer.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

Please sign and return this original document to the following address, and retain a copy for your records:

Department of Ecology
Permit Fee Unit
PO Box 47000
Olympia, WA 98504-7696

Note: Your site remains under permit and subject to all permit conditions until your termination is effective. Continue to comply with permit conditions until you receive written notification from Ecology that termination is effective.

You will receive a letter confirming the termination of your permit coverage. If you do not receive this termination letter within 70 days, please contact the Ecology Permit Fee Unit at 360-407-6425.

Questions regarding conditions for termination?

Location	Contact Name	Phone	Email
San Juan, Skagit, Whatcom	Kurt Baumgarten	360-715-5210	kurt.baumgarten@ecy.wa.gov
Island, King, Kitsap, Snohomish	Greg Stegman	425-649-7019	greg.stegman@ecy.wa.gov
Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Pacific, Skamania, Wahkiakum	Kevin Hancock	360-407-6298	kevin.hancock@ecy.wa.gov
Mason, Pierce, Thurston	Paul Stasch	360-407-6273	paul.stasch@ecy.wa.gov
Benton, Chelan, Douglas, Klickitat, Kittitas, Okanogan, Yakima	Ray Latham	509-575-2807	ray.latham@ecy.wa.gov
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman	Jim Chulos	509-329-3565	JChu461@ecy.wa.gov

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600.

Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.